

COMMISSIONER'S COMMENTS

Public Health Services Delivery Issues

Sixth DRAFT (corrected) January 8, 2003

Background:

Kentucky's organized response to public health began in the 1850s in response to cholera outbreaks and became an official state function in 1878 in response to yellow fever outbreaks in Louisville, Bowling Green, and Hickman. Both of these naturally occurring public health emergencies significantly disrupted commerce in the state as did another naturally occurring threat forty years later when the public health system responded to the "Spanish Flu" outbreak of 1918. Other naturally occurring epidemics have occurred over the years including polio in the 40s and 50s, Asian Flu in 1957, HIV and AIDS in the 1980s, and West Nile Encephalitis and SARS more recently. Additionally, over the years, public health professionals took on the tasks of safeguarding water supplies, regulating waste disposal, and other environmental protection services. Successful responses to each of these threats required an effectively trained and experienced public health system...not just persons working in public health departments and laboratories but also the private medical care community, law enforcement and other emergency responders, government leadership, and the academic community. Each of these responses demonstrated the truth in C.E.A. Winslow's definition: "Public Health is the art and science of preventing disease, prolonging life, and promoting physical health and efficiency through organized community effort."

The discovery of anti-tuberculosis drugs, vaccines against polio and other preventable diseases, and the widespread use of antibiotics have generated a major shift in the use of resources for public health and curative medicine in the last 40 years. The earlier emphasis on preventing illness and injury in the population shifted to an emphasis on personal preventive and curative services for individual patients. Some of the more apparent effects of changes in the health care system emphasis are:

- Health care expenditures have grown from 5% to nearly 15% of gross domestic product
- The annual per capita cost of health expenditures has risen from \$500 to over \$5000
- The cost of the employee's share of health insurance has risen from about \$200 per year to over \$9000
- Public funding for formal training for the public health work force and others has declined significantly. For example the Department of Health and Human Services (DHHS) has reduced funding to support long term training, the state has reduced funds for long term training in public health, and until recently, Kentucky had no place to acquire the Master in Public Health degree.
- Both state and federal funding support for public health activities has shifted from general support to categorical support for individual conditions
- Block grant funding that used to support district public health nurses performing population based services to community groups and communities to promote health and prevent disease in the population has given way to funding for clinic based public health nurses to serve individual patients
 - Kentucky's Public schools have significantly reduced health education and physical education, and
 - Chronic diseases associated with life style choices such as overeating, obesity, lack of exercise, and tobacco have become the causes of today's public health epidemics. These conditions generate a significant portion of the expenses needed to manage acute episodes of cardiovascular disease, diabetes, and pulmonary diseases. Similarly, long term care nursing home and pharmacy expenses for the elderly go for the custodial and skilled nursing care services required when these patients and their families can no longer care for them at home. Finally, an increasing number of younger adults have become eligible for publicly funded disability programs as these conditions occur earlier in life.

CONTENTS:

Commissioner's Comments	1-4
Lab.....	5
LocalOPs.....	5
PHPS Passages.....	6
Resource Management.....	6
Epidemiology.....	7
ACH	7
State/Local Spotlight	7-8

The current public health work force is relatively untrained in population public health. Many of the nurses, administrative, and environmental health staff working in the state and local health departments have not had formal public health training in such areas as epidemiology, statistics, public policy, and communicable disease control. Kentucky's public health departments spend the majority of their time performing clinic based activities (for which they are adequately trained) and much less time doing the surveillance, epidemiology, public health education, risk identification, and risk reduction work needed to impact the epidemic of chronic disease.

Public Health funding patterns at the federal, state, and local level are gradually changing from the heavy emphasis on direct services that do things to take care of people and to funding patterns that help populations and groups of people learn how to take care of themselves. For example, the Department for Public Health (DPH) has shifted several million dollars of chronic disease funds from clinical activity to population based activity such as public health education and coalition building. In other cases, the public system and private insurance are reducing the number of persons eligible for service, increasing co-payments, and eliminating benefits. These changes create situations where people who have expected the health care system to do things for them are going to have to acquire the skills and knowledge to do more things for themselves in order to stay healthy.

The national and state decline in public funding support for increased demand for Medicaid services, the escalating cost of health insurance, and the increasing co-payments and exclusions in health insurance coverage support the idea that people are having to do more to take care of themselves.

Federal funding sources that accepted long term process oriented proposals for funding are beginning to require states and others to submit proposals that identify quantifiable objectives that support the funding agency's mission and that will be obtained in a defined time frame. The HANDS program funded by the 2000 Kentucky General Assembly made a commitment to reduce the probability of low birth weight, reduce spinal bifida, increase immunizations, and increase early entry into prenatal care to specific target levels in the population being served. After 3 ½ years, the HANDS program can show that it met or exceeded the objectives the DPH set for it.

And the public appears to demand that all of this be done within existing (or possibly declining) tax revenues.

Businesses and universities have expressed an interest in learning more about public health as SARS, anthrax, and the threats of bioterrorism have disrupted their operations. Dr. Robert Galvin, Director, Global Health for the General Electric Company spoke to the Association of State and Territorial Health officers and the National Association of City and County Health Officers in September 2003 about his company's experience with public health issues. His description of the anthrax at NBC (a GE company) and the mail room in the Washington, DC area as well as the impact of SARS on his company's business relationships in SE Asia led him to conclude that it is critical for business and public health to have a full understanding of each other's work to permit maximally effective and minimally disruptive responses during public health emergencies. He noted that the Washington Business Group on Health shared his interest. Health officers from Toronto, Ontario, and Berkley, California, related real and table top lessons from the SARS epidemic. Each of these speakers identified the need for business and public health to relate better (it was noted most major universities are a big business as well as educational institutions). To get started in this area, Dr. Galvin said that they were looking for 20 health departments to take part in a gap analysis to find out what needed to be done and to find a few less to take part in a demonstration project. He noted his surprise that so few health departments had stepped forward to participate.

Kentucky public health mandates:

- The Kentucky Revised Statutes give the following mandates to the state and local public health organizations:
- Enforce the public health regulations (food, radiation, etc.)
- Control communicable diseases
- Maintain surveillance on the distribution of morbidity and mortality (selected causes of morbidity)
- Respond to public health emergencies
- Ensure public health education
- Identify risks and take steps to reduce them
- Participate in setting public health policy

The biennial budget appropriations expand the public health mandate by adding family planning, prenatal care, well child care, nutrition services (WIC), adult health services (cancer screening) and chronic disease services. Finally, some local health departments have electively added authorized but not mandated services like home health, and other activities.

Institute of Medicine Reports:

"A public health professional is a person educated in public health or a related discipline who is employed to improve health through a population focus."

(Who Will Keep the Public Healthy?, Institute of Medicine, 2003)

The Institute of Medicine (IOM) documented the observations described above in two well-referenced reports. The first publication, *The Future of Public Health* assessed the general status of public health and found it to be in disarray. That report identified assessment, policy development, and assurance as the core functions of public health. Epidemiology, biostatistics, environmental health, health services administration, and social and behavioral science are the technical competencies needed to accomplish the core functions.

The second publication, *Who Will Keep the Public Healthy-Educating Public Health Professionals for the 21st Century*, builds on the first report. It summarizes the history of the public health system, identifies changes in health risk factors, changes in funding, and most importantly documents the general lack of public health training in the public health work force, especially its leaders. It also identifies several additional competencies needed for modern day public health practitioners, teachers, and researchers. Those competencies are informatics, genomics, communication, cultural competence, community-based participatory research, policy and law, global health, and ethics.

The report goes on to recommend that schools of public health should:

- Educate the educators, practitioners, and researchers as well as to prepare public health leaders and managers;
- Serve as a focal point for multi-school transdisciplinary research as well as traditional public health research to improve the health of the public;
- Contribute to policy that advances the health of the public;
- Work collaboratively with other professional schools to assure quality public health content in their programs;
- Assure access to life-long learning for the public health workforce; and,
- Engage actively with various communities to improve the public's health.

Finally, the report makes several recommendations for local, state, and federal health agencies.

- Actively assess the public health workforce development needs in their own state or region, including the needs of both those who work in official public health agencies and those who engage in public health activities in other organizations;
- Develop plans, in participation with schools of public health and accredited public health programs in their region, for assuring that public health education and training needs are addressed;
- Develop incentives to encourage continuing education and degree program learning;
- Engage in faculty and staff exchanges and collaborations with schools of public health and accredited public health education programs, and;
- Assure that those in public health leadership and management positions within federal, state, and local public health agencies are public health professionals with M.P.H. level education or experience in the ecological approach to public health.

The summary chapter is easy to read and in less than 24 pages presents the big picture.

What needs to be done?

In many if not all aspects of public health, the situation in Kentucky mirrors the findings in the in the two reports. Accordingly, the recommendations for the nation apply to the state and local health departments and other organizations involved in public health.

In general, the state's public health delivery system, its public health funding priorities, its public health training, and its public health research policies need to be changed to reflect on the changes in the state. They must be restructured to provide services and activities that will help people take care of themselves during emergencies and during normal times.

Training for state and local public health system managers and key providers:

This training needs to enable them to assess the environment in which they exist so they can plan, operate, monitor, evaluate and manage their programs appropriately. They need to be able to assure the public that results are being obtained and that quality, economic efficiency, and fairness inherent in the system. To teach the skills necessary to achieve these ends, Kentucky's public health establishment needs to:

- Analyze data on the current level of provider knowledge to determine the training needs.
 - Develop several levels of public health education opportunities (basic degree, advanced degrees, and continuing education) for public health professionals provide them the knowledge and abilities to change behaviors
 - Provide the knowledge, skill, and abilities needed to manage organizations to maximize results delivered from existing resources (eliminate waste and maximize efficiency)
 - Provide the skills needed for communication with patients, constituents, policy makers, physicians, hospitals, nursing homes, EMS, boards of health, media, etc. etc.
 - Provide the skills needed for negotiating good prices and sharing agreements
 - Skills and knowledge needed for determining ways to share local resources for the good of the local health status
 - Skills needed to seek opportunities to market public health to businesses, schools, others.
-

- Training in system design to permit a shift to a heavier emphasis on population based health promotion and disease prevention activities.
- Training in writing results oriented time driven grant proposals that help the sponsoring agency obtain the results it is required to deliver (same could be said for academic institutions that are accustomed to writing proposals that end with "more research is needed.")

Training for Boards of Health:

Members of boards of health need knowledge about public health policy, public health financing, public health regulations, and general information on communicable disease control, surveillance, immunizations, and activities to improve the health status of the population. They need the ability to manage the difference between setting policy and ensuring that it gets carried out and day-to-day operational matters related to personnel management, procurement, etc. Most board of health members have personal or professional knowledge of personal clinical services like prenatal care or tuberculosis treatment.

Training for Public Officials:

- Mayors, Council members, Judge executives, Legislators, Legislative staff

Elected officials and their staffs need to have the knowledge to enable them to assess various proposals for improving the health of the population and the ability to see how these improvements result in better educated citizens, less time off work, improved economics, etc. Some history of public health and examples of how it helps the economy and business climate would help make this point. These officials would benefit from learning how to articulate their desires to public health officials in terms they understand and...public health officials would benefit from knowing how to present their messages to elected officials.

Training for health professionals:

- Undergraduate MD, DO, RN, Rx, JD and others
- Postgraduate training for residents, medical staffs, nursing staffs, etc.

These groups need knowledge about how the public health system works, how interfaces with their jobs, and how both professions can work together to improve patient care, health status, and the overall economy by having health citizens to begin with. They need to know more about how to teach patients and groups of people to practice health behaviors by doing it themselves or having someone available to do it for their practices.

Training for local and state emergency responders:

- EMS groups, EMA groups, Law enforcement

These groups need knowledge of the kinds of information public health needs, the kinds of things that are important to public health, how to report to public health, how to identify situations that merit public health assessment, etc.

Training for businesses:

These groups can use knowledge of public health principles to maintain a healthy work force, reduce the probability of absence due to illness or injury, and interface appropriately with public health authorities in times of public health emergency such as quarantine of materials, animals, or personnel when biologic, chemical, or radiation hazards are present. Businesses have personnel who can act as public health agents for their work force in risk communication, surveillance, and related activities during emergencies or periods of increased surveillance.

Training for the general population:

All health, education, and employment groups as well as others have an opportunity to educate the general public in matters of public health, health promotion, and disease prevention. They need the knowledge and skills that will permit them to promote wellness to the general public.

*Submitted by: Rice C. Leach, M.D., Commissioner
Department for Public Health*



LABORATORY

DRINKING WATER AND RECREATIONAL WATER TESTING

The Kentucky Public Health Laboratory (KPHL) tests Drinking Water samples for Total Coliforms and E. coli. We also test Recreational Water samples for Total Coliforms, Fecal Coliforms and Heterotrophic plate count. Every year we must reject a number of the water samples received in the state laboratory. In an effort to reduce this occurrence, KPHL has in place a Quality Assurance plan for documenting the reasons for unsatisfactory water samples. Below is a list of the most common reasons for sample rejection.

- ◆ Sample received > 48 hours from time of collection
- ◆ No authorized collector given
- ◆ No date of collection given
- ◆ Insufficient quantity (less than 100 mL)
- ◆ Test not available

The most common reason for rejection of water samples occurs when a sample is received greater than 48 hours from the time of collection. We must begin our testing process within 48 hours of the time of collection. It has been determined that between 30 and 48 hours of collection, bacteria in a water sample may begin to either multiply or die off in numbers significant enough to affect the reported result. Samples received between 30 and 48 hours will be processed, but the report will contain a qualifying comment stating that the results may not be accurate. Samples received more than 48 hours from time of collection cannot be processed. If samples mailed to us from your area by regular mail have been rejected for this reason, an alternate method of shipping should be considered. Some are now using Priority or Overnight mail.

Sometimes the reason for rejection of samples is simply because the form is filled out incompletely. We have reason to

believe that in some instances, the authorized collector is not actually collecting the water sample coming to us under his name. The collector may be allowing a property owner to pick up a water sample kit and partially filled out the form, collect the sample and mail it himself. This should not occur. An authorized collector, who has been trained in sample collection, must collect samples. Samples must remain in the custody of the authorized collector until placed in the mail or other authorized delivery service. Since there is always the possibility that sample results could be part of a legal proceeding, we must ensure that the entire process is legally defensible.

The Colilert Quanti-tray method is used in the laboratory for testing Drinking Water sources. The method requires 100 mL of sample. We cannot perform the test if there is less than 100 mL in the submitted sample. More than 100 mL is not required, and if the container is filled too full, proper mixing cannot be accomplished. There must be at least 1 inch of headspace in the container to allow for mixing. The etched line on the water collection bottle is the 100 mL fill line. Fill the sample bottle to the line.

The Colilert and other methods are used to test Recreational Water samples. Three filled sample bottles are required for testing public pools and beaches.

KPHL tests only Drinking Water (wells, cisterns and springs used for drinking water) and Recreational Water (public swimming beaches and pools, and therapeutic pools) sources. The laboratory does not provide testing for ground water, standing sewage, water from puddles or ponds, or water from livestock drinking tanks. Our test methods are not intended or validated to give reliable or meaningful results on these samples. The laboratory must reject samples that are not Drinking Water or Recreational Water sources.

If there is a question about water testing, please do not hesitate to call us. If we cannot answer your question, or provide the service you seek, we will do what we can to help you get the information you

need. The number is (502) 564-4446 ext. 4428.

*Submitted by: Lucinda Mitchell
Dairy, Water, and Food Microbiology*



LocalOPs

LHDO is pleased to arrange basic computer training to LHD staff at no cost to the LHDs. Please contact Eula Spears to establish possible training dates.

The Nursing Leadership Series through the University of Kentucky College of Nursing has a complete cohort of participants. Thank you to those Directors who approved staff for the program. Please continue to identify potential candidates for future series.

TRAIN, a learning management system for on-line courses, technical training for BT Training Coordinators and Training Branch staff was provided in January. Courses currently on-line include: Epidemiology Rapid Response-four three-hour sessions for the Regional epidemiologists and epidemiology rapid responders; Incident Management Overview course for EM's and selected public health workers; and CDC public health Training center courses are listed but are not specific to Kentucky at this time.

PROACT sites continue expansion. The Guard/Emergency Management to open thirty-two additional sites for first responders training. Plans are underway to establish ten public health network sites...bridge issues are being addressed. Eastern Kentucky University has agreed to open one of their campus sites for Public Health Training at no cost. Northern Kentucky University is pursuing the same agreement.

LECTORA software was acquired in January and will enable the publishing of the afore mentioned courses (Epidemiology Rapid Response Programs, Incident Management, and a course on Bioterrorism Awareness produced by KIPRI (Mark Schneider's program).

KET has agreed to permit interactive television programs to originate from their studio. They will record the programs in order to provide WEB based courses via Lectora software. University of Kentucky College of Nursing is developing three on-line courses for public health nurses (April 1, 2004).

*Submitted by: Betty H. Olinger, Ed.D., Director
Eula Spears, RN, MS, Branch Manager
David Knapp, Health Program Administrator*

EPSDT Outreach Update

Spring will hopefully soon be in the air!! That means it is time to Plan!! Yes, time for Budget & Plan Training and Community Health Services Plan and Reporting Training!! This year, EPSDT Outreach is a part of the Budget & Planning Process and Community Reporting!!

If you have not made arrangements to attend one Community Assessment Training Session in the Health Services Auditorium in Frankfort in February, please plan to attend the March 3rd session. Give any of us a call if you need more information!! Have a great Spring!!!

*Submitted by: Linda Burke
Nursing Branch Manager*

Training Tidbits

March 9-10

Psychology of Disaster & Terrorism: Trained Community Response, Elizabethtown

March 24, March 30, April 1 and April 6
EPI Rapid Response Team (ERRT)
Training
Satellite Broadcast

March 5-6

Public Health Nurse Leadership for the 21st Century, Lexington

March 26

Disaster Preparedness for School Health Nurses, Frankfort

Note: See DPH Training Calendar for course details.

*Submitted by:
William Bishop, Training Branch*



PHPS PASSAGE

Two members of the Division of Public Health Protection and Safety have received prestigious awards. Ms. Anita Travis, Manager of the Division's Food Safety Branch has received the Kentucky Association of Milk, Food and Environmental Sanitarians (KAMFES) "Outstanding Sanitarian of the Year" Award. This award is presented to an environmental health specialist who has demonstrated outstanding service to State and Local Health Department programs and the support of the Association.

Mrs. Annhall Norris of the Division's Food Safety Branch received the Steve G. Sandlin Achievement Award from KAMFES. This award is presented to an outstanding new environmental health specialist for their meritorious contributions in the fields of dairy, food, and environmental health and the promotion of health and welfare within the Commonwealth of Kentucky.

These two individuals are most deserving of this Statewide recognition, and a treasure to our Division. These awards were presented during the recent annual meeting held in Louisville.

*Submitted by: Guy F. Delius, R.S., Acting Director
Division of Public Health Protection and Safety*



RESOURCE MANAGEMENT

DPH Web Site Changes

In the upcoming months, the DPH web site will get a new look. The State Web Standards Committee has been meeting to develop a web design that will be suitable for each department. The goal of the design is to provide consistent elements throughout all KY sites but not to restrict the freedom of creativity. They will submit the design to the Architectural Standards

Committee the first week of March for approval. Once approved, the new design will assist all Kentuckians with a consistent user-friendly web portal. With the new design DPH will be able to develop a site that is easier to navigate with a more personable look. We will keep you updated on these changes when they occur.

*Submitted by: Lori Mills
DPH Web Administrator*

Electronic Funds Transfer (EFT)

Following implementation of EFT method of contract payment to the LHDs, the following should provide additional basic information:

- Payment Transmittal Date- the transmittal date is the date processed in RM. The funds may not show up as a deposit to your local bank account for up to seven (7) days
- Multiple EFT transactions for one payment transmittal - this occurs because invoices paid on different MOA's may get final approval in the MARS system on different dates. This is an internal DPH issue and we are working on a short-term/final solution.
- Funds Transferred from other state agencies - Some LHDs also receive EFT from other agencies. RM does not control their remittance advices or transmittals. Issues with other agencies need to be directed to them.

Please provide RM with comments/concerns re the implementation of EFT. Please send comments to Judy Solomon.

FY 05 ESTIMATED ALLOCATIONS - Delay was due to pending finalization of the submitted budget, and presentation to the A & R Committee. They are being prepared and should be distributed in the next 10 days.

*Submitted by: Judy Solomon, Branch Manager
Procurement Branch*



EPIDEMIOLOGY

Shortage of PCV7

Due to supply shortages, the Centers for Disease Control and Prevention (CDC) recently published temporary recommendations for the administration of pneumococcal conjugate vaccine (PCV7). PCV7 is also known by its trade name Prevnar. The recommendation for those children not at increased risk is for the temporary suspension of the fourth dose of PCV7, a booster dose given at 12 to 15 months of age, regardless of the amount of PCV7 vaccine in provider's inventories. Local health departments and other providers should move to a three-dose series of one dose at two months, one dose at four months, and one dose at six months. Providers should continue to administer the fourth dose to children at increased risk of severe disease. Children at high risk for pneumococcal infection are those who have sickle cell disease or asplenia; HIV or other immunocompromising conditions; or chronic illness that would increase their risk of pneumococcal infection.

*Submitted by: Victor Negron
Kentucky Immunization Program*



ACH

**From the National WIC Association
Monday Morning Report**

February 9, 2004

CHAPEL HILL, 9 February - A University of North Carolina at Chapel Hill-led research team has found that preschoolers enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) show positive nutritional behaviors and intakes beyond the program's goals. The new study is published in this month's issue of the *Journal of Pediatrics*.

Dr. Anna Maria Siega-Riz, Associate

Professor of Nutrition and Maternal and Child Health in UNC's School of Public Health, formerly a WIC director in Davidson County (N.C.), led the research team. She also is a fellow with the Carolina Population Center and has recently been appointed to the National Academy of Sciences' Institute of Medicine Panel to review the WIC Food Packages.

Using a nationally representative sample of the U.S. population from 1994-98, collected by the U.S. Department of Agriculture, the research team evaluated fat, fruit, vegetable and added sugar intake, as well as snacking behavior among WIC participants. The researchers determined the overall prevalence of snacking among preschoolers enrolled in WIC, a behavior linked to obesity, to be significantly lower than that of non-participants.

In addition, WIC participants whose family incomes were less than 130 percent of poverty (the cutoff used for the Food Stamp Program) experienced a beneficial effect on the intake of fat, carbohydrates, added sugar and fruit. Their diets were higher in the percentage of energy from carbohydrates and in the number of serving of fruits, and lower in the percentage of energy coming from fats and in the amount of added sugars.

Benefits among study participants with higher incomes - up to 185 percent of poverty - were limited to lower added sugar intakes and higher iron and fruit intakes. In both income groups, nutrient intake due to snacking showed a beneficial effect only on added sugar intake and suggested the same for iron and fruit intake.

Primary caretakers, the mother in most cases, reported on the child's diet, and each eating occasion was self-identified. Added sugar intake includes sugars containing ingredients added during food processing or preparation, candy and sugar added at the table.

"This analysis demonstrates the continued importance of public food assistance and nutrition programs among low-income women and children," said Siega-Riz.

"With the present increase in fat consumption, eating out and snacking among all American income levels, WIC is potentially beneficial to change diet behaviors not specifically targeted by the program," she added.

"Because nutritional snacks also may have a positive impact on children's diets, providing access to more fruits and vegetables through the WIC program may be another way to improve participants' overall health," said Siega-Riz.

For further information visit: http://www.sph.unc.edu/news/?fuseaction=press_detail&subject=about&category=School_News&press_id=15385. You may also contact Lisa Katz either by phone at 919-966-7467 or via email at lisa_katz@unc.edu.

Submitted by:

Fran Hawkins, WIC Coordinator



STATE/LOCAL SPOTLIGHT

Satellite

Christian County Health Department has installed its Bioterrorism Preparedness funded satellite dish. In November, they contacted Cumberland Technology, Inc in search of a company to install a communication satellite which met the required specs. Satellite Electronic, Inc. in Clarksville, Tennessee was recommended through Cumberland Technology. Satellite Electronics, Inc. has installed satellite communications for the health departments in Tennessee.

Installation took three days. They provided the TV monitor and instructions. The satellite is vandalism secure and the unit reaches unlimited channels. A picture of the dish is included.

To the best of our knowledge, this company is very reliable in the event you choose to contract their services.



Submitted by: Bob Fritz,
Public Health Director, Christian County
Health Department



NEWS RELEASE

FOR IMMEDIATE RELEASE:

Peggy Kiser, M.Ed., R.D.
Public Health Information Manager
610 Medical Village Drive, Edgewood, KY 41017
859.341.4264 ext. 2105; Fax: 859.578.2689
www.nkyhealth.org
email: peggy.kiser@nkyghn

February 20, 2004

5-A-Day Program Challenges Kids to Eat Five Servings of Fruit and Vegetables

Breakfast: A small glass of 100 percent orange juice. Mid-morning snack: a cup of unsweetened applesauce. Lunch: A cup of vegetable soup and a sandwich with lettuce and tomatoes. Dinner: A side salad. One day; five servings of fruits and vegetables.

From March 1-7 children at 23 Northern Kentucky elementary schools will take the Kids 5-A-Day Challenge. Students at

participating schools will keep track of the fruits and vegetables that they eat throughout the week. Those who meet their goal of eating five servings per day will be eligible for prizes.

This is the second year for the Challenge, which is coordinated by the Northern Kentucky Health Department. The Health Department will provide participating schools with hands-on activities and prizes. Produce Man, a colorful character who is covered from head to toe with servings of fruits and vegetables, will also visit each participating school. The program is sponsored by the Town & Country Sports Complex in Wilder and is open to all elementary schools in Northern Kentucky.

"With so many unhealthy eating choices available to kids today, it's no surprise that they aren't eating enough fruits and vegetables," said Kathy Gavin, Director of Health Education and Planning. "The United States Department of Agriculture found that the average 6 to 11-year-old only eats 3.5 servings of fruits and vegetables a day, less than 15 percent of elementary school children eat five or more servings daily."

Students who successfully complete the 5-A-Day Challenge will receive two one-day passes to Town and Country and will be entered in a drawing for additional prizes from area businesses. The winning classroom from each school will be entered in to a drawing to either receive a field trip to Town and Country or a classroom gift basket filled with prizes for the students.

"Eating right and exercise go hand-in-hand," said Kevin Molony, President of Town & Country. "The 5-A-Day Challenge, combined with regular physical activities, can provide long lasting health benefits for area children."

Schools will also be rewarded based on the number of their students who participate in the 5-A-Day Challenge. The Health Department will award the following amounts to be put towards healthy initiatives: 1st place: \$1,000; 2nd place: \$500; 3rd place: \$250. The winning schools

will also be recognized on the Health Department's Web site,
www.nkyhealth.org <<http://www.nkyhealth.org>>.

For more information on the Kids 5-A-Day Challenge, please contact Kelly Schwegman at 859.578.7660.

###

Schools participating in the 2004 Kids 5-A-Day Challenge

Note: Produce Man will appear at each of these schools throughout the weeks of February 23-29 and March 1-7, and he makes for a great photo opportunity. To schedule photos, please contact Peggy Kiser or Emily Gresham at 859.341.4264.

6th District Elementary, Covington
9th District Elementary, Covington
AJ Jolly Elementary, California
Alexandria Elementary, Alexandria
Cline Elementary, Cold Spring
Crittenden-Mt. Zion Elementary, Dry Ridge
Dry Ridge Elementary, Dry Ridge
Glenn O. Swings Elementary, Covington
Grant's Lick Elementary, Alexandria
Highland Heights Elementary, Highland Heights
Howell Elementary, Elsmere
John G. Carlisle, Covington
Latonia Elementary, Covington
Mary Queen of Heaven, Erlanger
Reiley Elementary, Alexandria
Ryland Heights Elementary, Covington
Southgate Elementary, Southgate
St. Agnes Elementary, Ft. Wright
St. Joe's Elementary, Cold Spring
Thomas Edison, Covington
Williamstown Elementary, Williamstown
Woodfill Elementary, Ft. Thomas
Yealey Elementary, Florence

Sponsors of 2004 Kids 5-A-Day Challenge
Town & Country Sports Complex
Wal-mart
K-Mart
Newport Aquarium
Johnny's Toys
R.E.C.A. Roller Rink
Sports of All Sorts
Biggs

Submitted by:
Emily Gresham, Health Communication
Specialist
Northern Kentucky Health Department



EDITOR'S NOTE:

Please submit articles, state/local staff spotlight nominees, or suggestions for the Local Health Link to:

Betty H. Olinger, Ed.D., Director
LHDO

275 East Main Street, HS1W-E
Frankfort, KY 40621

E-mail: bettyh.olinger@ky.gov
502-564-4990 or 502-564-2556 (FAX)

Format Editor: Debbie Bohannon
